STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005023	A. BUILDING: _____ B. WING _____	06/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKENAZI HEALTH	720 ESKENAZI AVENUE INDIANAPOLIS, IN 46202

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for a State hospital complaint. Complaint #: IN00148689 Substantiated; deficiency related to the allegations is cited. Date of survey: 06/04/2015 Facility#: 005023 QA: cjl 06/18/15	S 000		
S 554	410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(a) (a) The hospital shall provide a safe and healthful environment that minimizes infection exposure and risk to patients, health care workers, and visitors. This RULE is not met as evidenced by: Based on document review, interviews and observation, the facility failed to provide an environment that minimizes infection exposure to patients in the high risk obstetrics/gynecology (ob/gyn) clinic in the main facility and to obstetrics/gynecology patients in a satellite clinic. Findings include: 1. Review of Policy 800-032, Cleaning Equipment and Rooms, last updated 11/30/2014, indicated: Purpose: To maintain a clean patient	S 554		

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S 554	Continued From page 1	S 554		

environment that will help control the spread of pathogenic organisms by routine cleaning of the equipment and patient contact surfaces.

Policy:

1. Patient contact surfaces (such as exam tables, chairs and carts will be cleaned after each patient use.

2. All equipment coming in contact with the patient should be cleaned before another patient is brought into the room by the clinical staff.

Procedure:

1. Follow universal precautions

2. Remove any linen, disposable paper covers, and any soiled items.

3. Remove all visible organic soil (blood, stool and urine) prior to cleaning and disinfecting surfaces.

4. Clean as soon as possible after each patient use to allow sufficient drying time before another patient comes into contact with the equipment.

5. Use a facility approved disinfectant cleaning agent on the touch surfaces such as the exam table, chair or cart.

6. Apply cleaning solution directly to touch surfaces such as the exam table, chair or cart.

7. Allow to air dry for the amount of time required for the cleaning agent (it is written on the container).

8. After surface is dry, replace any clean linen or disposable table paper used to cover surfaces.

2. Review of policy Hand Hygiene, 950-144, last updated 5/1/2015, indicated:

Purpose: To reduce health-care associated infections due to antibiotic resistant organism, through the practice of good hand hygiene and the use of gloves among health care

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S 554	Continued From page 2	S 554		

workers.

Policy: The most effective method to prevent transmission of micro-organisms ineffective hand hygiene. Hand hygiene is required before and after all patient care. Hand sanitizers are an acceptable form of hand hygiene.

Procedure:

1. Hand hygiene:

a. Hands must be sanitized or washed before entering or leaving a patient's room.

b. Upon leaving a patient's room.

c. Before direct contact with a patient.

d. Before donning sterile gloves

e. After direct contact with a patient's skin

f. After any contact with body fluids

g. When moving from a contaminated body site to a clean body site during patient care

h. After contact with inanimate objects in the immediate vicinity of the patient

i. Before donning and after removing gloves

2. Technique: Procedures are indicated for using alcohol based hand rub and soap and water.

3. On 6/4/2015 at 1130 hours, at the westside satellite clinic, staff member #7, administrative consultant for ambulatory clinics and westside clinic manager, indicated that in the laboratory and check-in room, nursing staff do touch the container of urine dipsticks without washing hands before or after obtaining a dipstick from the container, and that the container of dip sticks is not cleaned between patients.

4. On 6/4/2015, at 0925 hours in the hospital high risk ob/gyn clinic, four check-ins were observed.

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S 554	Continued From page 3 a. After patients were checked in at a desk just inside the entrance, in the hall, (blood pressures, pulse, temperature, height and weight), they were asked to go to a restroom and urinate in an unlabeled plastic non-lab cup, which the patients carried into the exam rooms and set it on a paper towel on a counter. If a lab test is ordered on the urine, some urine is transferred to a lab urine container, labeled and sent to the lab. In two instances, when the patients exited the rooms, the urine was left sitting, unlabeled in the non-lab cup on the counter. In one instance, in room C5-104 at 0945 hours, nursing staff member #10 entered the room after patient exited, poured the urine down the sink in the room and exited the room. No cleaning of the counter or patient exam chair/table was observed (in any instance). Another nursing staff member #12, entered the same room and laid blood lab tubes on the same counter. b. At 1300 hours, the lab area of the westside satellite ob/gyn clinic was observed. Patients were directed to a restroom to give a urine sample in a sterile cup. The patient brings the urine cup out of the restroom and sits it on a small table on a paper towel. In two instances, nursing personnel were observed doing a urine dipstick test. In one instance, the staff member #9 did not wear gloves. He/she handled the container of test dipsticks without washing hands or the container before or after the tests. On the same table, it was observed, that urine is transferred to sterile lab tubes for further testing, if more testing is ordered. c. Two lab blood draws were observed in the lab area. No cleaning of the blood draw chair and its arm rest were observed. d. Several patients were observed entering and exiting the lab area, and it was not observed that there was any cleaning of anything with a	S 554		

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S 554	Continued From page 4 hospital approved, or any, cleaner. 4. At 1300 hours, staff member #10 indicated that there isn't time between patients to clean and staff member #11 indicated that they clean the chair with Cavicide wipes between patients and the wipes are kept in the cabinet behind a closed door. 5. The practices observed in the main hospital high risk ob/gyn clinic and the satellite ob/gyn clinic could potentially lead to the spread of pathogens and the mix up of unlabeled lab specimens.	S 554		